

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000000650

1. Entity Name

LAVENDER MAGIC, INC.

Principal Place of Business

PO BOX 5932  
GAINESVILLE FL 32627

Mailing Address

PO BOX 5932  
GAINESVILLE FL 32627

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3224797

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SAPP, GLORIA K  
P.O. BOX 394  
5050 S.E. 135 STREET  
STARKE FL 32091

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME SAPP, GLORIA  
STREET ADDRESS 5050 S.E. 135 STREET  
CITY-ST-ZIP STARKE FL 32091 ☐ Delete

TITLE TD  
NAME WIESER, CARLA  
STREET ADDRESS 4430 NW 34 TERRANCE  
CITY-ST-ZIP GAINESVILLE FL 32605 ☐ Delete

TITLE VD  
NAME WILSON, PAT  
STREET ADDRESS 110 CAMP JOY ROAD  
CITY-ST-ZIP INTERLACHEN FL 32148 ☐ Delete

TITLE SD  
NAME SEARCY, JENNY  
STREET ADDRESS 5050 SE 135 STREET  
CITY-ST-ZIP STARKE FL 32091 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Gloria Sapp* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/25/01

Date

352-955-3193

Daytime Phone #

FILED  
Mar 30, 2001 8:00 am  
Secretary of State

03-30-2001 90316 010 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)